## STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

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# (RSA Chapter 15) PLEASE PRINT

O I DEPARTMENT OF S
1. Name of Lobbyist(s) Jim Bailey / Mile Dennehy
II. Name of lobbyist's partnership, firm or corporation, if any:
Dennehy & Bouley LLC
(Name of partneyship, firm or corporation)  17 Naco+ SL #3 Concord NH 03301
Business Address: (Street) (Town/City) (State) (Zip Code)
(6B) 228-1601 ( )e-mail
III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
Association for Accessible Medicines  (Full Name of Client as it appears on the Lobbyist Registration Form)
OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 25, 2018   Suly 25, 2018   July 25, 2018   Suly 25, 2
Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18  October 31, 2018   January 30, 2019
activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18
V. There have been no fees received and no reportable transactions made since the last report.   If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses  If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or
Expense Reimbursement
☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
(Print Name of lobbyist)

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## STATE OF NEW HAMPSHIRE



## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

	/	
I. Name of Lobbyist(s) Jim Bouley	Mike Der	nehy
II. Name of Jobbyist's partnership, firm or corpora	,	,
Dennehy & Boule (Name of partnership, firm or corporation)	y LLC	
III. Name of Client ASSOCIATION For A		07/24/18
IV. Fees Received Indicate the gross amount of all fees received from the cl to lobbying, including fees for services such as public ad including research, monitoring legislation, and related I reduced by any expenses:	vocacy, government relation	is, or public relations service:
a) Total of all fees received in this reporting period	a) \$ _	12,000.00
b) Total of all fees received this calendar year, prior to the (This should equal the total of all prior monthly report	is reporting period b) \$ _s for this calendar year)	12,000.00
c) Total of all fees received to date (Add lines a and b)	c) <b>\$</b> _	24,000.00
d) Indicate the amount of any such fees that are due, but yet been paid	have not	Ø
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporation fees. Separate reports are to be filed for expenditures methodologist(s)/firm that are unrelated to any one client expenses are to be reported in one of three categories during the reporting period for salaries, benefits, support individual expenses where the expenditure was of \$25.00 lunch where the cost was \$25.00 or less, purchase of a peing lobbied, purchase of a ceremonial object given to a (c) an itemized statement of each individual expenditure of any purpose not covered by (a) (for example: purchase ceremonial object to be given to the subject of lobbying restaurant expenses for a legislative reception). Expenditure of the subject of lobbying restaurant expenses for a legislative reception).	ade relative to each client and a separate report may be of expenses: (a) the aggreg t staff, and office expenses; or less (for example: meals on with a value of less than a person being lobbied with a made during this reporting person of a meal with value of greg with a value greater than a see for honorariums, expense	if if expenditures are made by filed for the lobbyist(s)/firm attention to all expenses paid (b) the aggregate total of all so purchased during a busines \$10 that is given to the person a value of \$25.00 or less); and ariod of greater than \$25.00 for eater than \$25, purchase of \$25, but not greater than \$50 for reimbursement, or political states are the second to the person of
a) Total aggregate expenses for this reporting period for support staff, and office expenses, related directly or indirectly or	alaries, benefits, ectly to lobbying. a) \$ _	
b) Total aggregate of expenditures during this reporting pain a), of \$25 or less.	eriod , not reported b) \$ _	
c) Total of all itemized expenditures reported in detail in	section VI. c) \$ _	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
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Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	07/24/18
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	
(Fritt Ivalie of 1000/151)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Dennehy & Bouley LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Association for Accessible Medicines
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)
Mike Demeny
(Print Name of lobbyist)